

U.S. Department of Energy

SEET Program Application

Subsidy for Energy Employee Transit (SEET) Program

Purpose (select one): New Enroll | Recalculation | Org Code Change | Address Change | Recertification | Other

(Use the TAB key to move to the next data element)

NAME: _____
(Last) (First) (MI) (SSN)

HOME ADDRESS _____
(Street Number)

(City) (State) (Zip Code)

WORK ADDRESS _____
(Org Title) (Routing Code/Symbol) (Phone)

(Building: Forrestal, Germantown, etc.)

CERTIFICATION: I hereby certify that I am employed by the U.S. Department of Energy (DOE) and am not a member of a commuter carpool and am not listed on a workplace parking permit at any Federal agency. I certify that I am eligible for a public transportation fare benefit, and that I am obtaining it for my personal commute to and/or from work; and that I will not transfer to anyone else. I further certify that my monthly subsidy amount does not exceed my average monthly commute cost, based on a 20-day monthly commute via public transportation. In addition, I agree to notify the SEET Program Coordinator in the event that eligibility for participation in the SEET program changes, my commute costs change, or I change organizations within the Agency.

This certification contains a matter within the jurisdiction of an agency of the United States and making false, fictitious, or fraudulent certification may render the maker subject to criminal prosecution under Title 18, United States Code, section 1001, and/or agency disciplinary action up to and including removal.

(Signature & Date)

TO BE COMPLETED BY YOUR ADMINISTRATIVE CONTACT

FUNDING CODE	ORG CODE	(Print Name) CERTIFYING OFFICIAL	(Signature)	DATE

Privacy Act Notice: This information is solicited under the authority of Section 629, Public Law 101-509. Collection of your Social Security Number (SSN) is authorized by Executive Order 9397, and is for identification purposes only. Furnishing your SSN and any of the other information requested on this form is voluntary, but failure to do so may result in disapproval of your request for a public transit fare benefit. The purpose of this information is to facilitate timely processing of your request, to ensure your eligibility, to prevent misuse of the funds involved, and may be disclosed to the General Accounting Office and representatives of ride-sharing programs such as the Council of Governments. This information may be matched with lists at this and other Federal agencies to ensure that you are not listed as a car pool participant, or the holder of a Federal worksite parking permit at any of these agencies. This information may be further disseminated to individuals seeking to join vanpools or carpools.



Supplemental SEET Information

TRANSIT COSTS NAME [PRINT] _____ TELEPHONE _____

1. How do you commute to work?

METRO rail _____

METRO bus _____

Other bus (company name) _____

Van pool (company/driver name, #) _____

Other (specify) _____

2. What stations or routes do you use?

METRO rail _____ METRO

bus _____

Van pool _____ Other _____

3. If you use METRO rail and/or METRO bus, how much does each ONE WAY trip cost?

METRO rail _____ METRO bus _____

4. If you use Van pool or other transportation, how much is the monthly cost?

Van pool _____

Other (specify) _____ Please be advised that these costs will be verified